

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022339

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 72

Primary Registration District No. 3073

Registrar's No. 116

FILED JUL 9 1962

VS 300  
Rev. 4/59

16004  
26004

3

4 0

5 1

6

7 1

8 0

9 163X

10

11

12 6-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY **Clay**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **North Kansas City**

Length of stay in 1b  
**25 Yrs.**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **N.K.C. Memorial Hosp.**

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Clay**

c. CITY OR TOWN **North Kansas City**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**2100 Fayette St.**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
**Raymond Wayne Rice**

4. DATE OF DEATH  
Month Day Year  
**June 30, 1962**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**7-15-13**

9. AGE (last birthday)  
**48**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Truck Driver**

10b. KIND OF BUSINESS OR INDUSTRY  
**Trucking**

11. BIRTHPLACE (City and state or country)  
**Johnson County, Kans.**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

## 13a. FATHER'S NAME

**Raymond T. Rice**

## 13b. MOTHER'S MAIDEN NAME

**Ruth Kelley**

## 14. NAME OF HUSBAND OR WIFE

**Dorothy Mae Rice**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.  
**[REDACTED]**

17. INFORMANT Address **N.K.C., Mo.**  
**Dorothy Mae Rice 2100 Fayette St.**

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

**Hydrocephalus, internal**

INTERVAL BETWEEN ONSET AND DEATH  
**4.8 hours**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

**Metastatic carcinoma of brain**

**2 months**

### DUE TO (c)

**Carcinoma right lung with metastases**

**8 months**

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **May 11, 1962** to **June 30, 1962** and last saw her/him alive on **June 30, 1962**  
Death occurred at **3:20 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

**B Comer Bates M.D.**

22b. ADDRESS **2730 South Mall  
Kansas City 19, Missouri**

22c. DATE SIGNED  
**7/2/62**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE  
**7-3-62**

23c. NAME OF CEMETERY OR CREMATORY  
**East Slope Cemetery**

23d. LOCATION (City, town, or county)  
**R.R. Parkville, Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS  
**D. W. Newcomers Sons North Kansas City, Mo.**

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE  
**Marqueline Hudgens**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DR BATES  
5140 ANTIOCH RD.  
AFTER 1 PM

JUL 10 1962  
JUL 19 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John V. Herrick*

Licensed Embalmer No. 4848

P. O. Address K.C. 17 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed; fact should be so stated above.